

**PROFESSIONAL HOME CARE, INC. (PHC) PRIVACY NOTICE SUMMARY**  
- Part I

**THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

PHC is required by law to protect the privacy of its patients. Your confidential healthcare information may not be released for any purpose other than that which is identified in this notice.

A specific consent/authorization is **NOT** needed to release your confidential health care information to the following:

- Healthcare providers involved in your *care/treatment\**.
- Your insurance providers for the purpose of *payment*.
- Home Care personnel to conduct *normal business operations* e.g: appointment reminders, rosters of those to receive treatment, case management, quality assessment, risk management, etc
- Public or *law enforcement* officials in the event of a criminal or other investigation.
- A *public health, state or federal organization* in the event of a communicable disease, report of a defective device, untoward response to a biological product (food or medication), or to carry out their responsibilities to monitor healthcare organizations/providers.
- Home Care personnel and/or healthcare providers conducting *research resulting in reports containing non-personally identifiable data*. (These types of research project(s) will have been approved by the UHS Institutional Review Board for appropriateness prior to implementation.)
- *Organ/Tissue Procurement* organizations, to carry out their duties as per applicable laws.
- *Coroners, Medical Examiners and Funeral Directors*, to carry out their duties as per New York State Law.
- Correctional institution(s) in which you are an *inmate*.
- Information as required by military command authorities re: *Military Personnel/Veterans*, foreign or domestic.
- *Disaster Relief Agencies* who are assisting in notifications of families.

\*There are special exemptions to this as per New York State law.

A specific consent/authorization **IS** required to release your confidential health care information

to the following:

- *Individuals designated by you*, e.g.: caretaker, health care proxy, family members, life insurance providers, attorney, etc.
- Home Care personnel for *marketing* of healthcare treatment options or other health services that may be of interest to you
- *UHS Foundation* personnel for the purposes of raising funds to support the hospital's operations.
- Home Care personnel and/or healthcare providers conducting *research resulting in reports containing personally identifiable data*. (These types of research project will have been approved by the United Health Services Institutional Review Board for appropriateness prior to implementation.)

You have the following rights:

- To *restrict* the use of your confidential healthcare information. However, the home care agency may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You may *revoke* your consent/authorization in writing at any time.
- To receive *confidential communication* about your health status;
- To *review and/or request* a photocopy of any/all portions of your medical record or billing information.
- To request an *amendment* to your healthcare information;
- To *receive an accounting of disclosures* of your designated record set (your medical record or billing information) and for what purpose.
- To file a *complaint with* the home care agency if you believe your rights to privacy have been violated.

If you feel that your privacy rights have been violated, please mail your complaint to the home care agency:

Privacy Officer  
Professional Home care, Inc.  
4401 Vestal Parkway East  
Vestal, New York 13850

All complaints will be investigated. No personal issue will be raised for filing a complaint with the home care agency. If your complaint cannot be resolved by Professional Home Care, you may contact:

Office of Civil Rights  
[Ocrmail@hhs.gov](mailto:Ocrmail@hhs.gov)  
1-800-368-1019

PHC will abide by the terms of this notice. PHC reserves the right to make changes to this notice

and continue to maintain the confidentiality of all healthcare information. If alterations are made to this privacy notice, these changes will be posted on our web site ([www.uhs.net](http://www.uhs.net)) so you can be aware of any changes that may affect you. Any person may request and receive a printed copy of this privacy notice. To obtain a paper copy of this notice or obtain further information about this notice, please contact, via postal mail:

Privacy Officer  
Professional Home care, Inc.  
4401 Vestal Parkway East  
Vestal, New York 13850

Or follow this link to E-mail.

[Greg\\_Rittenhouse@uhs.org](mailto:Greg_Rittenhouse@uhs.org)

Date of origin: 2/03

Effective date: 4/14/03

Please note you will find additional information about any of the italicized words in the accompanying privacy notice booklet, Part II.